1. With regards to Solicitation section 3.5.2: What is meant by "self-referral"? For example, are these eligible individuals who are choosing a provider for the first time, choosing to transfer to a new provider, seeking admission and eligibility determination into the program, etc?

A. Self-referrals are direct contacts from applicants or participants who have received the supports planning brochures and who call the support planning provider directly to make their selection of provider. For example, when a new applicant is referred for an assessment, the Department sends them a packet of information about the available support planning agencies in their region. The applicant can call a supports planning agency directly to choose the agency as their provider. This is a self-referral. The supports planning agency then notes the participant choice in the system and begins providing services. Another example is a participant who would like to change supports planning agencies. This participant can call another agency directly to initiate the change.

2. What report or data functionality, if any, will the SPA agency have access to from LTSS to develop or acquire information useful for quality monitoring, administrative tasks, audits, demographics, etc.? If available, what is the process for the agency to access and acquire the reports or data?

A. The reports available in the LTSSMaryland tracking system can be access directly through a reporting tab in the system and there is no agency access process.
Titles of some of the available reports are listed below. We do not have samples of the fields in each report available to share at this time.
Activity and Billing Reports
Activity Billing Report
Claims Report
Participants with Over 7 Hours in a Day Report
Client Status Report
Current Enrollees Report
Med Tech Redetermination Monitoring Report
Nursing Home Transition Report
NF Application Per Jurisdiction Report
ISAS - Services Rendered Report
Plan of Service - Service Summary Report
Plan of Service - Status Report
Plan of Service - Client with Personal Assistance Shared Attendant
Plan of Service - Signature Report
SP Monitoring - Not Contacted Clients Report
SPA - Change Request Report

3. What is the process for billing, and what are the state audit protocols and remediation processes? What is the typical timeframe for receipt of revenue?

A. The billing process is managed through the LTSSMaryland tracking system, where individual supports planners enter their billable time. Please see the solicitation item 3.2.32. The state audits a sample of activities and claims quarterly and addresses billing compliance issues through training and corrective action plans, if needed. The LTSSMaryland system processes billing on a weekly basis.

4. Is there a benchmark or typical number of hours of RN access needed for the population served, regarding Section 3.2.9.

A. No. The number of hours of access to clinical professionals will vary depending on the participant needs and the knowledge, skills, and abilities of other staff.

5. Does a provider application need to be submitted at time of solicitation along with a criminal background check or can that be completed later?

A. The provider application will only be completed by offerors who are selected for award. Background checks of proposed staff may be completed after award but must be completed prior to serving participants.